

Attachment C (Fagerstrom)

Nicotine Dependency Assessment and Treatment

How to Assess Nicotine Dependency

A. Ask the following questions:

		0 Points	1 Point	2 Points	3 Points	Score (Record)
*1.	How soon after you wake do you smoke your first cigarette?	After 60 minutes	31-60 minutes	6-30 minutes	within 5 minutes	
2.	Do you find it difficult to refrain from smoking in places where it is forbidden, such as the library, theater, or doctor's office?	No	Yes	–	–	
3.	Which would you hate most to give up?	All others	The first one in the morning	–	–	
*4.	How many cigarettes do you smoke a day?	10 or less	11-20	21-30	31 or more	
5.	Do you smoke more frequently during the 1 st hours after waking than the rest of the day?	No	Yes	–	–	
6.	Do you smoke when you are so ill that you are in bed most of the day?	No	Yes	–	–	
Total Score:						

How to Interpret Nicotine Dependency Score:

Score of 6 or higher: Indicates high nicotine dependency and represents individuals who would be particularly likely to benefit from tapering and/or the prescription of nicotine replacement therapy (gum or patch) to decrease nicotine withdrawal symptoms as an adjunct to standard counseling.

Score of 5 or less: Suggests low to moderate nicotine dependency and represents individuals who may be less likely to require tapering and/or the prescription of nicotine replacement therapy (gum or patch). Standard counseling is most appropriate.

*Key questions for brief assessment.

From Heatherton, T The Fagerstrom Test for Nicotine Dependence: A revision of the Fagerstrom Tolerance Questionnaire, British Journal of Addiction, (1991)86, 1119-1127.

B. Ask about nicotine withdrawal symptoms experienced with prior quit attempts:

(4 or more indicate nicotine dependency)

- | | | |
|--------------------------------------|----------------------------|-------------------------------------|
| ▪ Craving Cigarettes | ▪ Tightness in the Chest | ▪ Increased Appetite or Weight Gain |
| ▪ Restlessness | ▪ Insomnia | ▪ Cough, Dry Throat, Nasal Drip |
| ▪ Irritability, Frustration or Anger | ▪ Dysphoric/Depressed Mood | ▪ Constipation, Gas, Stomach Pain |
| ▪ Fatigue | ▪ Anxiety | |
| ▪ Dizziness | | |

